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Adapting to Vermont's growing refugee population

By *Tim Simard*

Believe it or not, Vermont is more ethnically and linguistically diverse than many realize. In the past 20 years, Vermont's population of foreign-born residents has climbed by more than 10,000 people. This is readily apparent in the most populous parts of the state, especially Chittenden County, where one can often hear a variety of world languages.

More than 27,000 Vermont residents are considered foreign-born, according to the 2010 U.S. Census. While those numbers only represent a small number of the state's total population—about 2 percent—Vermont health care providers have seen an increased need for interpretation services. Many enter the country with only a limited knowledge of English and need extra help understanding how the state's health care system works and how they can best access their health care benefits.

That's why state officials and representatives with refugee nonprofit organizations hope providers across Vermont will lend an understanding hand to those that need interpretation and translation.

"Interpreting medical lingo is not just a language issue, but it's a cross-cultural issue as well," says Jacqueline Rose, coordinator of interpreting and translation services at the Vermont Refugee Resettlement Program in Colchester.

"Sometimes health care and the whole concept of health insurance doesn't interpret easily for many individuals new to Vermont and the United States," Rose adds.

Even in such a small state, there are ways to access interpretation services locally. And for those in more rural reaches of Vermont, there are also options widely available.

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Provider relations: ready with the answers

When questions, comments or concerns arise, Blue Cross and Blue Shield of Vermont's provider relations staff is available to help with you and your practice's needs. You can always call your provider relations representative, or contact the provider relations department at (888) 449-0443. You can also email them at providerrelations@bcbsvt.com. Business hours are Monday through Friday, 8 a.m. through 4:30 p.m.

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We'd like to hear from you.

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The Company is licensed to use the Blue Cross and Blue Shield symbols by the national Blue Cross and Blue Shield Association, which establishes uniform financial and performance standards for the 39* individual, independent Plans that are part of the Blue Cross and Blue Shield system.

The Association does not act as a guarantor of individual Plans' financial obligations, but rather establishes standards intended to foster a system in which each Plan maintains adequate resources to meet its obligations to its customers.

* as of June 2010



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Vermont's diverse refugee population

According to statistics from the Vermont Agency of Human Services, Vermont saw an influx of immigrants from Africa and Asia in 2011. Refugees from the small Himalayan country of Bhutan and the Southeast Asian country of Burma have arrived in Vermont in large numbers. Since 2008, roughly 870 Bhutanese and 220 Burmese have made the Green Mountain State their new home.

Within the past 10 years, Vermont has also seen refugees arrive from Eastern Europe and the Middle East, along with several small African countries including Togo, Burundi, and Rwanda, and many more from Somalia and Sudan. In some cases, the refugees have fled war, disease and ethnic cleansing to live in the United States, says Denise Lamoureux, the Vermont state refugee coordinator for the Agency of Human Services.

It should come as no surprise that there may be more than 80 different languages and dialects spoken in the state by foreign-born residents, says Rose. This also includes linguistically-diverse people

that have moved here from other states or have grown up in households where English was spoken only intermittently.

"Somalian refugees speak many different languages, including Somali, Bantu and Arabic dialects among others. It can be hard to find interpreters that have a strong background in certain dialects that are only spoken by a small population of people," Rose says.

While most refugees arrive and stay in Chittenden County, thanks in part to better job access with public transportation, some individuals do end up moving to other parts of Vermont, Lamoureux says. For instance, central Vermont—including Waterbury, Montpelier, and Barre—has a large population of Bosnian-born residents and Russian-speaking Meskhetian Turks.

"There are pockets of refugees outside of Chittenden County, and there are certainly groups of non-English speaking people in other parts of the state, but certainly the vast majority live in Chittenden County," Lamoureux says.

Interpretation services

The following companies and organizations offer interpretation services, either one-on-one or over the phone. Providers in Vermont frequently use these groups for their interpretation and translation needs:

- Vermont Refugee Resettlement Program
462 Hegeman Ave., Suite 101
Colchester, Vt., 05446
Phone: (802) 655-1963
Email: vrrp@uscrivt.org.
- Voiance Language Services
5780 North Swan Road
Tucson, Ariz., 85718
Phone: (800) 481-3289
Email: support@voiance.com.
- Trusted Translations
108 North Virginia Ave., Third Floor
Falls Church, Va., 22046
Phone: (877) 255-0717
Email: sales@trustedtranslations.com.
- The Association of Africans Living in Vermont
72 North Champlain St.
Burlington, Vt., 05401
Phone: (802) 985-3106
Email: africans.vermont@gmail.com.
- Language Line Services
1 Lower Ragsdale Drive, Building 2
Monterey, Calif., 93940
Phone: (800) 752-6096
Email: wecare@language.com.
- Language Systems Inc.
201 Broadway
Cambridge, Mass., 02139
Phone: (877) 654-5006
Contact: www.linguist.com/about-us-contact-us.htm.

Interpreting the system

The language issue can be one of the more frustrating roadblocks to improving the provider and patient relationship. A sick patient may not be able to communicate their medical issues properly, and providers can't suitably help unless they know the exact problem. Patients may also struggle with health care concepts that are brand new to them, such as terms like "co-payment," "co-insurance" and "deductible." Local interpreter services, however, have started to offer ways to solve these issues.

For instance, two Chittenden County-based organizations—the Vermont Refugee Resettlement Program and the Association of Africans Living in Vermont—employ nearly 100 interpreters between them and cover nearly 50 different languages and dialects. Rose of the Vermont Refugee Resettlement Program says the high number of multi-lingual speakers in the Champlain Valley is comparable to services available in larger cities.

Suelan Selman, the data coordinator for the Burlington-based Association of Africans Living in Vermont, says doctors and hospitals often use their interpretation services, sometimes up to 20 times per day.

Selman explains that interpreters will sit with patients and doctors during an office visit and offer help in understanding health care information, such as certificates of coverage.

"Often times, the language is foreign and the concepts are foreign, so we try to help people understand medical issues and the paperwork that comes with it," Selman says.



The Vermont Refugee Resettlement Program offers similar services, with interpreters specializing in Asian and Europe languages, along with African dialects.

The cost for these services doesn't come inexpensively, usually costing providers between \$30 and \$70 per hour. Providers

that want one-on-one services outside of Chittenden County run into higher costs as they often must cover travel expenses.

For providers in other parts of Vermont, Lamoureux says over-the-phone interpretation services might make more sense economically. One company, called Voiance, offers phone interpretation with access to more than 170 world languages. Companies such as Language Line, Trusted Translations, and Linguist Systems Inc. have similar features. These organizations generally charge by the hour or minute depending on the situation. Lamoureux says most companies give information on how to easily set up a provider's phone system to allow for easy interpretation.

No matter what foreign language or dialect a provider's patient speaks, there are ways to communicate with them even in Vermont.

And as more and more refugees come to Vermont, these services will become more important. As Rose points out, Vermont's interpretation services continue to adapt to changing times.

"Over the past several years, we've seen more interpretation professionals working in the state and providers continue asking for these services. We'll continue responding to their requests," Rose states.



Commercial vs. Medicare codes

Blue Cross and Blue Shield of Vermont would like to remind you to use Medicare billing codes only for your patients who are Medicare beneficiaries. We often receive claims for non-Medicare members from providers only using Medicare codes, which is incorrect and will result in a denial. Providers should use the appropriate commercial coverage codes for patients who don't receive Medicare. If you have any questions, please contact your provider relations consultant at (888) 449-0443 or through email at providerrelations@bcbsvt.com.

Reminder about billing

Blue Cross and Blue Shield of Vermont wants to remind you to submit your medical notes for services billed with a modifier 22 or as unspecified. For full details, refer to our online provider manual, section 6 at our Provider Resource Center at www.bcbsvt.com/Provider.



Please coordinate members' medical and behavioral health information with their primary care physicians

We would like to remind all providers about the importance of sharing complete and timely diagnostic treatment and care information with our members' primary care physicians. We also recommend sharing information with any physician involved in a member's care.

Please remember to communicate with physicians about any emergency or specialty care that you provide to Blue Cross and Blue Shield of Vermont and The Vermont Health Plan members. This is especially important when a patient transitions to other care, so the provider can make the patient aware of available resources in the community.

Coordinating treatment and sharing information between behavioral health care providers and primary care physicians is equally important. Studies continue to link poor medical health to

potential psychological problems, which can aggravate and contribute to the development of medical conditions. While providers of medical care can usually share information with other providers in order to coordinate care, there are stringent privacy protections in place for sharing information about behavioral health treatment. Magellan Health Services encourages its providers to obtain written authorization from the member to share diagnostic and treatment information with their primary care physicians.

It is important for all types of providers to discuss with their patients how this coordination between medical and mental health providers plays an important role in treating individuals as whole people. When we all work together, we ensure that our members and patients get the best possible care.



Providing help with the Electronic Data Interchange

You can achieve greater savings and administrative efficiencies for your organization by using the Electronic Data Interchange (EDI). We encourage you to contact us directly to review and discuss any obstacles currently preventing you from submitting EDI claims to BCBSVT. We have a number of different EDI options available and one of these options may best fit your organization.

What is EDI?

EDI is the computer-to-computer exchange, between two companies, of standard business documents (such as claims) in an electronic format.

What are the benefits to submitting claims electronically?

- Much less expensive than paper claim submissions—You will save money on postage and forms and realize a reduction in the time your staff spends manually processing all that paper.
- Much faster claim payment cycle times—Claims are transmitted 24 hours a day, seven days a week, resulting in no postal delays.

- Clean and accurate claims data—Because the electronic claims process is automated, EDI claims data is more accurate than paper, resulting in fewer adjusted claim submissions.
- Traceability—Electronically submitted claims contain unique control numbers and identifiers that allow the tracing of EDI claims through the EDI pipeline if needed.
- Claim acknowledgement reports—BCBSVT acknowledges receipt of electronic claims and generates error reports; you receive no acknowledgement of paper claims.
- Security—you can rest assured that the electronic claims are secure.

Because of the many benefits associated with EDI claims submissions, we hope that your practice will seriously consider converting from paper to EDI claim submissions. If you would like to discuss all the EDI claim submission options available to your organization, please feel free to contact us at (800) 334-3441, option 2.

Here is a list of suggested clearinghouses that specialize in helping practices with EDI:

Office Ally
(866) 575-4120
www.officeally.com

Emdeon
(877) 363-3666
www.emdeon.com

Relay Health
(800) 527-8133
www.collaborationcompass.com

Origin Healthcare Solutions
(800) 358-6443
www.originhs.com

CPSI
(251)-639-8100
www.cpsinet.com



Emdeon offers free electronic payment service

Did you know that, on average, it can take up to 15 days to receive a check in the mail and wait for the funds to clear?

In order to help providers collect funds faster and streamline workflows with electronic funds transfer (EFT) payments, Blue Cross and Blue Shield of Vermont has selected Emdeon as its electronic payment provider. There is no cost to you to use Emdeon ePayment and enrollment is free. Using EFT, Emdeon ePayment directly deposits your claims payments, usually making them available in less than five business days.

Keep in mind that, in order to sign-up for Emdeon's free service, you will need to sign up for BCBSVT's Provider Resource Center. To sign up for the resource center, visit www.bcbsvt.com/provider.

In addition to helping you get paid faster, Emdeon ePayment also streamlines the enrollment process. Instead of enrolling separately for each payer, you can simply select BCBSVT and other participating payers all at once.

Enroll today with Emdeon ePayment to get your claims payments more quickly. Call (866) 506-2830 or visit www.emdeon.com/epayment to learn more about Emdeon ePayment. You can also enroll online at www.emdeon.com/eft. Emdeon's customer service team can help you transition seamlessly and easily.



New billing requirements

Blue Cross and Blue Shield of Vermont has reviewed and updated our requirements for billing of institutional late charges. For full details, go to the reference area within the Provider Resource Center at www.bcbsvt.com/provider or contact your provider relations consultant at (888) 449-0443.

Congratulations to our survey winners

We had three winners from our fall provider satisfaction survey. We chose the winners at random and we'd like to thank all our network providers for participating. The practices each received a \$100 gift certificate to a local restaurant.

Here are the winners:

- Rebecca Collman, M.D.—Colchester, Vt.
- Allison Niemi, M.D.—Shaftsbury, Vt.
- The staff of Indian Stream Health Center, Inc.—Colebrook, N.H.



Don't forget about the Provider Resource Center

Have you logged onto Blue Cross and Blue Shield of Vermont's Provider Resource Center? It's our multi-functional, newly designed website created to help providers keep track of a patient's information and communicate with BCBSVT more easily. You can find the Provider Resource Center at www.bcbsvt.com/provider.

BCBSVT introduced the Provider Resource Center in July 2010 and urges providers to visit the site and sign up. The resource center offers up-to-the-minute eligibility and transaction information in an easily accessible format. The site presents more efficiency for you and your office.

The Provider Resource Center also contains other enhancements to help facilitate improved interaction for you. For instance, new developments include:

- Deductible accumulators
- Benefit accumulators
- Membership reporting for primary care physicians

Not sure you know all the features of the Provider Resource Center? Use the demo that helps lead you through the many facets of the website. The demo features a step-by-step walkthrough of the resource center, including how to login and register, how to

search for a member's eligibility and benefits and how to check the status of a claim. Users may watch the demo via autoplay or take their time with a self-guided tour.

As always, feel free to contact our provider relations staff with any inquiries regarding the Provider Resource Center. Please direct your questions to your provider relations consultant at (888) 449-0443.



Help us stay up-to-date

If your practice recently changed its office address, phone number, fax number or email addresses, we'd like to know.

Here are some specifics:

▪ **Billing address:** The address where you receive billing and payment information and statements. This address sometimes differs from a physical address (i.e. post office box).

▪ **Physical address:** The street location of your practice where members receive medical services.

▪ **Contact name:** The individual your practice designates to receive most, if not all, important correspondence.

Also, if your practice uses a third-party biller that handles your accounts, please send the name and address of the billing company to our provider relations representatives so we may add that information into our records



VACE members get new prefix

The Vermont Association of Chamber Executives (VACE) insurance, provided by Chamber Benefits Inc., returned to Blue Cross and Blue Shield of Vermont on Jan. 1, 2012. Chamber Benefits is a wholly owned subsidiary of the Vermont Association of Chamber of Commerce Executives (VACCE).

The prefix "ZIV" will be used exclusively for VACE.

VACE is offering their members BCBSVT indemnity based products. Differences you may notice include

the prefix ZIV and the co-payment and co-insurance will accumulate toward their out-of-pocket maximum.

You can find eligibility, accumulator and claim status information for these members on our secure Provider Resource Center at www.bcbsvt.com.

If you have any questions regarding this new prefix, please feel free to contact your provider relations consultant at (888) 449-0443 or through email at providerrelations@bcbsvt.com. Business hours are Monday through Friday, 8 a.m. through 4:30 p.m.

Financial incentives for Utilization Management decisions

Blue Cross and Blue Shield of Vermont bases its Utilization Management (UM) decisions on the appropriateness of care and service, and whether or not the member has coverage. BCBSVT and its HMO affiliate The Vermont Health Plan (TVHP) do not specifically reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives given to UM decision-makers do not encourage decisions that result in underutilization.

We base decisions on clinical review criteria

We use nationally recognized health care guidelines, Milliman 11th Edition, and the locally approved health care guidelines developed internally to reflect national and local standards of care.

Our medical services department shares the appropriate Milliman Optimal Recovery Guidelines with the utilization reviewers from participating facilities and the attending provider when questions arise about clinical rationale and application of criteria. Upon request, we make the applicable Milliman and internal BCBSVT medical policies available to members and providers. Each of the participating hospitals has a copy of the Milliman Inpatient Health Care Guidelines. We review these guidelines on an annual basis to assure relevance with current practice.

Providers and members may request a copy of the applicable criteria from the medical services department by fax (802) 371-3491, phone (802) 371-3508 or mail at BCBSVT/TVHP, P.O. Box 186, Montpelier, Vt. 05601-0186.

You may speak with a reviewer about your denial

BCBSVT and TVHP provide practitioners with the opportunity to discuss any UM denial decision with a Plan physician or pharmacist reviewer.

All UM denial letters include the telephone number for the administrative coordinator of the medical services department. Practitioners may call this number if they want to discuss a non behavioral health UM denial with a Plan physician or pharmacist. The telephone number is (800) 922-8778 or (802) 371-3508.

The administrative coordinator will schedule a time for the requesting practitioner to speak with the appropriate reviewer.

Independent, external review available

If the Plan denies a member's appeal, the member may request an independent external review of the decision by an independent review organization. Members may request external appeals by calling the State of Vermont at (800) 631-7788 or (802) 828-2900, or by writing to 89 Main Street, Drawer 20, Montpelier, Vt. 05620. The State will determine if the member's case is appropriate for review.

New FEP claims processes

The Federal Employee Program (FEP) has changed the way it processes preventive lab claims for internationally adopted children. For full details, sign into the Provider Resource Center and visit the direct mailing www.bcbsvt.com/provider or contact your provider relations consultant at (888) 449-0443.

CVPHO terminates

The Central Vermont Physician Hospital Organization (CVPHO) disbanded, leading to a change in how Blue Cross and Blue Shield of Vermont handles former CVPHO arrangements. Some providers that were once part of the CVPHO will now contact Vermont Managed Care for prior approvals and member case management. This is a financial arrangement only, and represents no changes in benefits. For more information, please contact your provider relations consultant.

Changes in faces

Has your practice added new providers, or have any providers left recently? Help us stay up-to-date by letting us know of any changes in your staff. Keeping Blue Cross and Blue Shield of Vermont apprised of any changes ensures you and your practice's claims process without delay in receipt of payments.

BCBSVT and TVHP Preferred Brand-name Drugs (effective February 2012)

Members with our three-tier drug rider pay different co-payments or co-insurance for drugs based on whether they are:

- Generic
- Preferred brand-name
- Non-preferred brand-name

The Plan changes the Preferred Brand-name Drug List in two circumstances:

- The list changes four times a year to reflect drugs entering or leaving the marketplace.
- The Plan automatically deletes drugs from the preferred brand-name list without notice throughout the year when generic forms become available. Co-payments or co-insurance for generic drugs are significantly lower.

Certain drugs require prior approval. For a list of these drugs and a complete Preferred Brand-name Drug List, read our three-tier drug rider or visit our website at www.bcbsvt.com/RxCenter.

The following medications have been added to our Preferred Brand-name Drug List:

- APRISO

The following medication has been deleted from our Preferred Brand-name Drug List, effective immediately, as they are now available as generics:

- CONCERTA

This list is subject to change. We provide updates through newsletters and other mailings. The most up-to-date list is available on our website at: www.bcbsvt.com/RxCenter

A complete paper copy of our formulary is available upon request by contacting: pharmacy@bcbsvt.com

A
ACIPHEX
ACTONEL
ACTOPLUS MET
ACTOS
ACULAR
ADDERALL XR
AGENERASE
ALINIA
ALPHAGAN P
ANDRODERM
APRISO
ARICEPT
ASACOL
(to be deleted from the Preferred category, effective 4/30/2012; therapeutic equivalent is APRISO)**
AVONEX
AZILECT

B
BENICAR
BENICAR HCT
BETASERON
BRAVELLE*
BYETTA

C
CANASA
CARAC
CEENU
CELEBREX
CETROTIDE*
CIPRODEX
CLIMARA PRO
COMBIVENT
COMBIVIR
COMTAN
CONDYLOX GEL
COPAXONE
CORTIFOAM
CREON
CRESTOR
CRIXIVAN
CUPRIMINE

D
DAPSONE
DEPAKOTE SPRINKLE,
125MG capsule
DETROL
DETROL LA
DILANTIN KAPSEALS*
DIOVAN
DUAC CS KIT
DULARA

E
ELMIRON
EMCYT
ENBREL
ENTOCORT EC
EPIPEN
EPIVIR
EPIVIR-HBV
EPZICOM
ERGAMISOL
ESTRADERM
ESTRATEST
ESTRATEST HS
EVISTA
EVOXAC
EXELON

F
FARESTON
FINACEA
FLOVENT, all forms
FORTOVASE
FREESTYLE GLUCOMETER
FREESTYLE TEST STRIPS

G
GENOTROPIN
GLEEVEC
GLUCAGON
GOLYTELY

H
HEPSERA
HEXALEN
HIVID
HUMALOG
HUMULIN
HUMIRA

I
INNOPRAN XL
INTAL INHALER
INTRON A
INVIRASE

J
JANUMET
JANUVIA
JEVTANA

K
KALETRA,
capsule and solution

L
LANTUS
LETAIRIS
LEUKERAN
LEVEMIR
LEXAPRO
LEXIVA
LIDODERM
LIPITOR
LOTEMAX
LYSODREN

M
MAXALT
MEPHYTON
METHERGINE
METROGEL
MIGRANAL
MYLERAN

N
NAMENDA
NASONEX
NEUPOGEN
NEXAVAR
NIASPAN
NILANDRON
NORDITROPIN
NORVIR
NOVOFINE
(syringes and needles)
NUVARING

O
ONE TOUCH GLUCOMETER
ONE TOUCH TEST STRIP
ORTHOVISC
(to be deleted from the Preferred category, effective 4/30/2012; therapeutic equivalent is SYNVISC)**
OXSORALEN ULTRA
OXYTROL

P
PEGASYS
PEG-INTRON
PLAN B
PLAVIX
PRANDIN
PRECISION GLUCOMETER
PRECISION TEST STRIPS
PRED MILD
PREMARIN
PREMARIN CREAM
PREMPHASE
PREMPRO
PREVEN
PREZISTA
PROAIR HFA
PROCRIT
PRODIGY
(syringes and needles)
PROVIGIL
PULMICORT RESPULES
PULMOZYME

Q
QVAR

R
RAPAMUNE
REBETRON
REBIF
RENAGEL
RESCRIPTOR
RESTASIS
REVATIO
REVLIMID
REYETAZ
RIDAURA

S
SAVELLA
SEREVENT, all forms
SEROQUEL
SINGULAIR
SPIRIVA
SPRYCEL
STALEVO
SUBOXONE SL, film
SUSTIVA
SUTENT
SYLATRON
SYMBICORT
SYNVISC, all forms

T
TARCEVA
TARGRETIN
TAZORAC
TEMODAR
TESLAC
THIOGUANINE I
TOBI
TRACLEER
TREXALL
TRICORTABS 48MG and
145MG tablets
TRIZIVIR
TRUVADA
TYKERB
TYZEKA

U
ULTRASE
ULTRASE MT

V
VENTOLIN HFA
VEPESID
VIAGRA*
VIDEX
VIRACEPT
VIRAMUNE
VIREAD
VIVELLE
VOTRIENT

W
WELCHOL

X
XALATAN
XELODA
XENICAL
XIFAXAN 550MG

Y
YAZ
YERVOY

Z
ZIAGEN
ZOLADEX
ZOLINZA
ZYPREXA
ZYTIGA

* Not covered for Catamount BlueSM members.

** A therapeutic equivalent is listed as an option. Please consult your physician.

BlueCard[®] Advisory

Information About Our Blue Cross and Blue Shield Inter-plan Programs.

The BlueCard Program is a national program that enables members obtaining health care services while traveling or living in another Blue Cross Blue Shield Plan's area to receive all the same benefits of their contracting BCBS Plan and access to providers and savings. The program links participating health care providers and the independent BCBS Plans across the country and around the world through a single electronic network for claims processing and reimbursement.

Did you know?

In 2011, BCBSVT processed more than 500,000 BlueCard claims, paying Vermont providers more than \$164 million on behalf of partner Blue plans.

The efficiencies created by the BlueCard program—one contract, one point of contact, one claim submission location, direct payments and remittance advice—reduces administrative time and expense on provider practices.

We work hard to deliver high quality BlueCard service and are very proud of the value and benefits it provides to our Vermont providers, employers and in- and out-of-state Blue Cross and Blue Shield members.

We welcome any comments you have about this program. Please contact your provider relations consultant at (888) 449-0443 to let us know.

2011 Performance:

With a continuing focus on processing BlueCard claims accurately and timely, how did we do in 2011? Here's a look at some of our results:

- We transmitted the average BlueCard Host claim (another Blue Plan's member) to the home Plan (another Blue Plan) in fewer than two days of receipt at BCBSVT, with 98 percent sent in fewer than five days.
- Providers received payment on BlueCard Host claims, on average, within six days or the claim was rejected within nine days.
- Fewer than 2 percent of all BlueCard claims required an adjustment.
- We finalized the average BlueCard claim that required adjustment in seven days; 95 percent finalized in less than 14 days and 99 percent within 30 days.

Reminders:

Below is the listing of functions available to providers for BlueCard members:

Eligibility inquiries

- (800) 676-BLUE (2583)
- Our secure Provider Resource Center at www.bcbsvt.com/Provider

Claim status inquiries

- (800) 924-3494
- Our secure Provider Resource Center at www.bcbsvt.com/Provider

Medical Policy inquiries for other Plans

- Our secure Provider Resource Center at www.bcbsvt.com/Provider
- Contacting the local Plan (phone number on back of members identification card)

Prior approval listings

- Our secure Provider Resource Center at www.bcbsvt.com/Provider
- Contacting the local plan (phone number on back of members identification card)

When verifying eligibility for BlueCard members or pre-certifying/prior approving a medical service, phone trees at all Blue Plans now provide the option to speak with a live agent (during normal business hours).

We encourage you to verify eligibility and benefits, including pre-certification/prior approval requirements, for out-of-area members electronically through BlueConnect by calling the number listed on the back of the member's identification card or by calling the BlueCard Eligibility Line at (800)-676-2583.



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

P.O. Box 186
Montpelier, VT 05601-0186

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U.S. POSTAGE
PAID
BARRE, VT
PERMIT NO. 222

A Newsletter from Blue Cross and Blue Shield of Vermont

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Spring 2012

and the...

BlueCard® Advisory



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